

## APPENDIX V

Appendix V Form A - GROUNDWATER MONITORING WELL INFORMATION FORM

[illegible]

**Form B - MONITORING WELL CONSTRUCTION FORM**

State of Wisconsin Route to: Solid Waste ☐ Haz. Waste ☐ Wastewater ☐ MONITORING WELL CONSTRUCTION

Department of Natural Resources Env. Response & Repair ☐ Underground Tanks ☐ Other ☐ Form 4400-113A

Rev. 4-90

Facility/Project Name	Local Grid Location of Well <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N, _____ ft. E.	Wis. Unique Well Number _____ DNR Well Number _____
Type of Well: Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source _____ ¼ of _____ ¼ of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed ____/____/____ M M D D Y Y
Distance Well is From Waste/Source Boundary ft. _____	Location of Well Relative to Waste/Source U <input type="checkbox"/> Upgradient S <input type="checkbox"/> Sidegradient D <input type="checkbox"/> Downgradient N <input type="checkbox"/> Not Known	Well Installed By: (Persons' Name and Firm) _____ _____
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation \_\_\_\_\_ ft. MSL  
B. Well casing, top elevation \_\_\_\_\_ ft. MSL  
C. Land surface elevation \_\_\_\_\_ ft. MSL  
D. Surface seal, bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ ft.

12. USCS classification of soil near screen:  
GP ☐ GM ☐ GC ☐ GW ☐ SW ☐ SP ☐  
SM ☐ SC ☐ ML ☐ MH ☐ CL ☐ CH ☐  
Bedrock \_\_\_\_\_

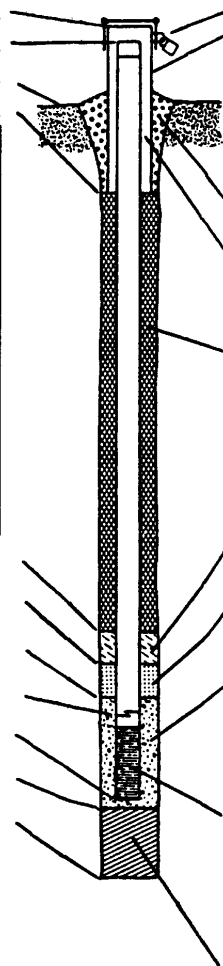
13. Sieve analysis attached? ☐ Yes ☐ No

14. Drilling method used: Rotary ☐ 50  
Hollow Stem Auger ☐ 41  
Other ☐ \_\_\_\_\_

15. Drilling fluid used: Water ☐ 02 Air ☐ 01  
Drilling Mud ☐ 03 None ☐ 99

16. Drilling additives used? ☐ Yes ☐ No  
Describe \_\_\_\_\_

17. Source of water (attach analysis):  
\_\_\_\_\_



1. Cap and lock? ☐ Yes ☐ No

2. Protective cover pipe:  
a. Inside diameter: \_\_\_\_\_ in.  
b. Length: \_\_\_\_\_ ft.  
c. Material: Steel ☐ 04  
Other ☐ \_\_\_\_\_

d. Additional protection? ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_

3. Surface seal: Bentonite ☐ 30  
Concrete ☐ 01  
Other ☐ \_\_\_\_\_

4. Material between well casing and protective pipe:  
Bentonite ☐ 30  
Annular space seal ☐ \_\_\_\_\_  
Other ☐ \_\_\_\_\_

5. Annular space seal:  
a. Granular Bentonite ☐ 33  
b. \_\_\_\_\_ Lbs/gal mud weight... Bentonite-sand slurry ☐ 35  
c. \_\_\_\_\_ Lbs/gal mud weight... Bentonite slurry ☐ 31  
d. \_\_\_\_\_ % Bentonite... Bentonite-cement grout ☐ 50  
e. \_\_\_\_\_ Ft<sup>3</sup> volume added for any of the above  
f. How installed: Tremie ☐ 01  
Tremie pumped ☐ 02  
Gravity ☐ 08

6. Bentonite seal:  
a. Bentonite granules ☐ 33  
b. ☐ 1/4 in. ☐ 3/8 in. ☐ 1/2 in. Bentonite pellets ☐ 32  
c. \_\_\_\_\_ Other ☐ \_\_\_\_\_

7. Fine sand material: Manufacturer, product name, mesh size  
a. \_\_\_\_\_  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>

8. Filter pack material: Manufacturer, product, mesh size  
a. \_\_\_\_\_  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40 ☐ 23  
Flush threaded PVC schedule 80 ☐ 24  
Other ☐ \_\_\_\_\_

10. Screen Material:  
a. Screen type: Factory cut ☐ 11  
Continuous slot ☐ 01  
Other ☐ \_\_\_\_\_  
b. Manufacturer \_\_\_\_\_  
c. Slot size: \_\_\_\_\_ in.  
d. Slotted length: \_\_\_\_\_ ft.

11. Backfill material (below filter pack): None ☐ 14  
Other ☐ \_\_\_\_\_

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Firm \_\_\_\_\_



**Form D - WELL/DRILLHOLE/BOREHOLE ABANDONMENT FORM**State of Wisconsin  
Department of Natural Resources**WELL/DRILLHOLE/BOREHOLE ABANDONMENT**  
Form 3300-5B Rev. 12-91

All abandonment work shall be performed in accordance with the provisions of Chapters NR 811, NR 812 or NR 141, Wis. Admin. Code, whichever is applicable. Also, see instructions on back.

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY NAME</b>	
Well/Drillhole/Borehole Location	County	Original Well Owner (If Known)	
1/4 of 1/4 of Sec. ; T. N; R.		Present Well Owner	
(if applicable) Gov't Lot                      Grid Number		Street or Route	
Grid Location ft. <input type="checkbox"/> N. <input type="checkbox"/> S.,      ft <input type="checkbox"/> E. <input type="checkbox"/> W.		City, State, Zip Code	
Civil Town Name		Facility Well No. and/or Name (If Applicable)	WI Unique Well No.
Street Address of Well		Reason For Abandonment	
City, Village		Date of Abandonment	

**WELL/DRILLHOLE/BOREHOLE INFORMATION**

<b>(3) Original Well/Drillhole/Borehole Construction Completed On</b>		<b>(4) Depth to Water (Feet)</b>	
(Date)	Construction Report Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If No, Explain	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole <input type="checkbox"/> Borehole	Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify)	Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Total Well Depth (ft.)      Casing Diameter (ins.) (From ground surface)	<b>(5) Required Method of Placing Sealing Material</b> <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Dump Bailer <input type="checkbox"/> Other (Explain)	
Casing Depth (ft.)  Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth?   Feet	<b>(6) Sealing Materials</b> <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Chipped Bentonite		

(7) Sealing Material Used	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
Surface					

**(8) Comments:**

<b>(9) Name of Person or Firm Doing Sealing Work</b>	
Signature of Person Doing Work	Date Signed
Street or Route	Telephone Number
City, State, Zip Code	



**Form F - GROUNDWATER MONITORING INVENTORY FORM**

Department of Natural Resources

**GROUNDWATER MONITORING INVENTORY FORM**  
Form 3300-67

Rev. 8-93

Wisconsin Unique Well Number <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> <input type="checkbox"/> Add <input type="checkbox"/> Change	
Inventory Completed By (Last Name, First, MI) <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>	Date <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> With <input type="checkbox"/> DNR <input type="checkbox"/> _____
<div style="display: flex; justify-content: space-between;"> <div>             Facility Name <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> </div> <div>             Facility ID # <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>             Local Well ID <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> </div> <div>             High Cap Well # <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> </div> </div>	
<div style="display: flex;"> <div style="flex: 1;">             Primary Contact Name (Last, First, MI) <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>              Telephone Number <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>              Mailing Address <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>              City <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> State <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> Zip Code <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> </div> <div style="flex: 1; padding-left: 10px;"> <input type="checkbox"/> Owner <input type="checkbox"/> Driller  <input type="checkbox"/> Operator <input type="checkbox"/> Business  <input type="checkbox"/> Occupant <input type="checkbox"/> Facility  <input type="checkbox"/> Consultant <input type="checkbox"/> Sampler  <input type="checkbox"/> Manager <input type="checkbox"/> Other  <input type="checkbox"/> Contractor             </div> </div>	
<div style="display: flex;"> <div style="flex: 1;">             Other Contact Name (Last, First, MI) <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>              Telephone Number <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>              Mailing Address <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>              City <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> State <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> Zip Code <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> </div> <div style="flex: 1; padding-left: 10px;"> <input type="checkbox"/> Owner <input type="checkbox"/> Driller  <input type="checkbox"/> Operator <input type="checkbox"/> Business  <input type="checkbox"/> Occupant <input type="checkbox"/> Facility  <input type="checkbox"/> Consultant <input type="checkbox"/> Sampler  <input type="checkbox"/> Manager <input type="checkbox"/> Other  <input type="checkbox"/> Contractor             </div> </div>	
<b>Well Location</b> <input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village Fire # (If avail.) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> County <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> Grid or Street Address or Road (If avail.) <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> Govt. Lot # <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> OR <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 1/4 of <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 1/4 of Section <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> Subdivision Name <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> Lot <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> Block <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> T <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> ; R <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> <input type="checkbox"/> E <input type="checkbox"/> W Construction Type <input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Driven Point <input type="checkbox"/> Spring <input type="checkbox"/> Jetted <input type="checkbox"/> Other OR Latitude <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> Deg. <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> Min. <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> Sec. <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> Longitude <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> Land Surface Elevation <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> ft. MSL Number of Wells on Property <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>	
<div style="display: flex; align-items: center;"> <div style="flex: 1;">             Construction Date <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>              Constructor <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> </div> <div style="flex: 1; padding-left: 10px;">             Well Use <input type="checkbox"/> Private Potable <input type="checkbox"/> Community-Municipal  <input type="checkbox"/> Priv. Non-Potable <input type="checkbox"/> Community OTM  <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Non Transient Non-Com.  <input type="checkbox"/> Transient Non-Com.             </div> </div>	
<div style="display: flex;"> <div style="flex: 1;">             Source of Well Data <input type="checkbox"/> Well Report <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Other*              Depth From Land Surface To: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> ft.              Bedrock <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> ft.              Well Bottom <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> ft.              Static Water <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> ft.              Casing Bottom <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> ft.             </div> <div style="flex: 1; padding-left: 10px;">             Casing Diameter <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> in.              Water Bearing Formation <input type="checkbox"/> Sandstone <input type="checkbox"/> Shale  <input type="checkbox"/> Unconsolidated <input type="checkbox"/> Limestone <input type="checkbox"/> Crystalline             </div> <div style="flex: 1; padding-left: 10px;">             Well Status <input type="checkbox"/> Active Use  <input type="checkbox"/> Inactive  <input type="checkbox"/> Perm Filled             </div> </div>	
Comments: eg. Reason for inventory, Samples taken, Directions to property, Details of well location on property. <span style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></span>	

\*For "Other", enter a description in the comment area if needed.